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How To Bring Your Kids Up Gay

EVE KOSOFSKY SEDGWICK

In the summer of 1989, the United States Department of Health and Human Services released a study entitled "Report of the Secretary's Task Force on Youth Suicide." Written in response to the apparently burgeoning epidemic of suicides and suicide attempts by children and adolescents in the United States, the 110-page report contained a section analyzing the situation of gay and lesbian youth. It concluded that, because "gay youth face a hostile and condemning environment, verbal and physical abuse, and rejection and isolation from families and peers," young gays and lesbians are two to three times more likely than other young people to attempt and to commit suicide. The report recommends, modestly enough, an "end [to] discrimination against youths on the basis of such characteristics as...sexual orientation."

On October 13, 1989, Dr. Louis W. Sullivan, Secretary of the Department of Health and Human Services, repudiated this section of the report — impugning not its accuracy, but, it seems, its very existence. In a written statement Sullivan said, "the views expressed in the paper entitled 'Gay Male and Lesbian Youth Suicide' do not in any way represent my personal beliefs or the policy of this Department. I am strongly committed to advancing traditional family values.... In my opinion, the views expressed in the paper run contrary to that aim."[1]

It's always open season on gay kids. What professor who cares for her students' survival and dignity can fail to be impressed and frightened by the unaccustomed, perhaps impossible responsibilities that devolve on faculty as a result of the homophobia uniformly enjoined on, for example, teachers in the primary and secondary levels of public school — who are subject to being fired, not only for being visibly gay, but, whatever their sexuality, for providing any intimation that homosexual desires, identities, cultures, adults, children, or adolescents have a right to expression or existence.

And where, in all this, is psychoanalysis? Where are the "helping professions"? In this discussion of institutions, I mean to ask, not about Freud and the possibly spacious affordances of the mother-texts, but about psychoanalysis and psychiatry as they are functioning in the US today.[2] I am especially interested in revisionist psychoanalysis including ego-psychology, and in influential developments following on the American Psychiatric Association's much-publicized 1973 decision to drop the

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pathologizing diagnosis of homosexuality from the succeeding Diagnostic and Statistical Manual (DSM-III). What is likely to be the fate of children brought under the influence of psychoanalysis and psychiatry today, post-DSM-III, on account of anxieties about their sexuality?

The monographic literature on the subject is, to begin with, as far as I can tell exclusively about boys. A representative example of this revisionist, ego-based psychoanalytic theory would be Richard C. Friedman's *Male Homosexuality: A Contemporary Psychoanalytic Perspective*, published by Yale in 1988. (A sort of companion-volume, though by a non-psychoanalyst psychiatrist, is Richard Green's *The 'Sissy Boy Syndrome' and the Development of Homosexuality* (1987), also from Yale.) Friedman's book, which lavishly acknowledges his wife and children, is strongly marked by his sympathetic involvement with the 1973 depathologizing movement. It contains several visibly admiring histories of gay men, many of them encountered in non-therapeutic contexts. These include "Luke, a forty-five-year-old career army officer and a life-long exclusively homosexual man" (152); and Tim, who was "burly, strong, and could work side by side with anyone at the most strenuous jobs": "gregarious and likeable," "an excellent athlete," Tim was "captain of [his high-school] wrestling team and editor of the school newspaper" (206-7). Bob, another "well-integrated individual," "had regular sexual activity with a few different partners but never cruised or visited gay bars or baths. He did not belong to a gay organization. As an adult, Bob had had a stable, productive work history. He had loyal, caring, durable friendships with both men and women" (92-3). Friedman also, by way of comparison, gives an example of a *hetero*sexual man with what he considers a highly integrated personality, who happens to be a combat jet pilot: "Fit and trim, in his late twenties, he had the quietly commanding style of an effective decision maker" (86).[3]

Is a pattern emerging? Revisionist analysts seem prepared to like some male homosexuals, but the healthy homosexual is one who (a) is already grown up, and (b) acts masculine. In fact Friedman correlates, in so many words, adult gay male effeminacy with "global character pathology" and what he calls "the lower part of the psychostructural spectrum" (93). In the obligatory paragraphs of his book concerning "the question of when behavioral deviation from a defined norm should be considered psychopathology," Friedman makes explicit that, while "clinical concepts are often somewhat imprecise and admittedly fail to do justice to the rich variability of human behavior," a certain baseline concept of pathology will be maintained in his study; and that that baseline will be drawn in a very particular place. "The distinction between nonconformists and people with psychopathology is usually clear enough during childhood. Extremely and chronically effeminate boys, for example, should be understood as falling into the latter category" (32-3).

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"For example," "extremely and chronically effeminate boys" — this is the abject that haunts revisionist psychoanalysis. The same DSM-III that, published in 1980, was the first that did not contain an entry for "homosexuality," was also the first that *did* contain a new diagnosis, numbered (for insurance purposes) 302.60: "Gender Identity Disorder of Childhood." Nominally gender-neutral, this diagnosis is actually highly differential between boys and girls: a girl gets this pathologizing label only in the rare case of asserting that she actually is anatomically male (e.g. "that she has, or will grow, a penis"); while a boy can be treated for Gender Identity Disorder of Childhood if he merely asserts "that it would be better not to have a penis" — *or* alternatively, if he displays a "preoccupation with female stereotypical activities as manifested by a preference for either cross-dressing or simulating female attire, or by a compelling desire to participate in the games and pastimes of girls."[4] While the decision to remove "homosexuality" from DSM-III was a highly polemicized and public one, accomplished only under intense pressure from gay activists outside the profession, the addition to DSM-III of "Gender Identity Disorder of Childhood" appears to have attracted virtually no outside attention — nor even to have been perceived as part of the same conceptual shift.[5] Indeed, the official gay movement has never been quick to attend to issues concerning effeminate boys. There is a discreditable reason for this in the marginal or stigmatized position to which even adult men who are effeminate have often been relegated in the movement.[6] A more understandable reason than effeminophobia, however, is the conceptual need of the gay movement to interrupt a long tradition of viewing gender and sexuality as continuous and collapsible categories — a tradition of assuming that anyone, male or female, who desires a man must by definition be feminine; and that anyone, male or female, who desires a woman must by the same token be masculine. That one woman, *as a woman*, might desire another; that one man, *as a man*, might desire another: the indispensable need to make these powerful, subversive assertions has seemed, perhaps, to require a relative de-emphasis of the links between gay adults and gender-nonconforming children. To begin to theorize gender and sexuality as distinct though intimately entangled axes of analysis has been, indeed, a great advance of recent lesbian and gay thought.

There is a danger, however, that that advance may leave the effeminate boy once more in the position of the haunting abject — this time the haunting abject of gay thought itself. This is an especially horrifying thought if — as many studies launched from many different theoretical and political positions have suggested — for any given adult gay man, wherever he may be at present on a scale of self-perceived or socially ascribed masculinity (ranging from extremely masculine to extremely feminine), the likelihood is disproportionately high that he will have a

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childhood history of self-perceived effeminacy, femininity, or non-masculinity.[7] In this case the eclipse of the effeminate boy from adult gay discourse would represent more than a damaging theoretical gap; it would represent a node of annihilating homophobic, gynephobic, and pedophobic hatred internalized and made central to gay-affirmative analysis. The effeminate boy would come to function as the open secret of many politicized adult gay men.

One of the most interesting aspects — and by interesting I mean cautionary — of the new psychoanalytic developments is that they are based on precisely the theoretical move of distinguishing gender from sexuality. This is how it happens that the *de*pathologization of an atypical sexual object-choice can be yoked to the *new* pathologization of an atypical gender identification. Integrating the gender-constructivist research of, for example, John Money and Robert Stoller, research that many have taken (though perhaps wrongly) as having potential for feminist uses, this work posits the very early consolidation of something called Core Gender Identity — one's basal sense of being male or female — as a separate stage prior to, even conceivably independent of, any crystallization of sexual fantasy or sexual object choice. Gender Identity Disorder of Childhood is seen as a pathology involving the Core Gender Identity (failure to develop a CGI consistent with one's biological sex); sexual object-choice, on the other hand, is unbundled from this Core Gender Identity through a reasonably space-making series of two-phase narrative moves. Under the pressure, ironically, of having to show how gay adults whom he considers well-integrated personalities do sometimes evolve from children seen as the very definition of psychopathology, Friedman unpacks several developmental steps that have often otherwise been seen as rigidly unitary.[8]

One serious problem with this way of distinguishing between gender and sexuality is that, while denaturalizing sexual object-choice, it radically *re*naturalizes gender. All ego psychology is prone, in the first place, to structuring its developmental narratives around a none-too-dialectical trope of progressive *consolidation* of self. To place a very early core-gender determinant (however little biologized it may be) at the very center of that process of consolidation seems to mean, essentially, that for a non-transsexual person with a penis, nothing can ever be assimilated to the self through this process of consolidation unless it can be assimilated *as masculinity*. For even the most feminine-self-identified boys, Friedman uses the phrases "sense of masculine self-regard" (245), "masculine competency" (20), and "self-evaluation as appropriately masculine" (244) as synonyms for any self-esteem and, ultimately, for any *self*. As he describes the interactive process that leads to any ego-consolidation in a boy:

> Boys measure themselves in relation to others whom they estimate to be similar. [For Friedman, this can mean only men and other boys.] Similarity of self-assessment depends on consensual validation. The

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> others must agree that the boy is and will remain similar to them. The boy must also view both groups of males (peers and older men) as appropriate for idealization. Not only must he be like them in some ways, he must want to be like them in others. They in turn must want him to be like them. Unconsciously, they must have the capacity to identify with him. This naturally occurring [!] fit between the male social world and the boy's inner object world is the juvenile phase-specific counterpoint to the preoedipal child's relationship with the mother. (237)

The reason effeminate boys turn out gay, according to this account, is that other men don't validate them as masculine. There is a persistent, wistful fantasy in this book: "One cannot help but wonder how these [pre-homosexual boys] would have developed if the males they idealized had had a more flexible and abstract sense of masculine competency" (20). For Friedman, the increasing flexibility in what kinds of attributes or activities *can* be processed as masculine, with increasing maturity, seems fully to account for the fact that so many "gender-disturbed" (pathologically effeminate) little boys manage to grow up into "healthy" (masculine) men, albeit after the phase where their sexuality has differentiated as gay.

Or rather, it *almost* fully accounts for it. There is a residue of mystery, resurfacing at several points in the book, about why most gay men turn out so resilient — about how they even survive — given the profound initial deficit of "masculine self-regard" characteristic of many proto-gay childhoods, and the late and relatively superficial remediation of it that comes with increasing maturity. Given that "the virulence and chronicity of [social] stress [against it] puts homosexuality in a unique position in the human behavioral repertoire," how to account for "the fact that severe, persistent morbidity does not occur more frequently" among gay adolescents (205)? Friedman essentially throws up his hands at these moments. "A number of possible explanations arise, but one seems particularly likely to me: namely, that homosexuality is associated with some psychological mechanism, not understood or even studied to date, that protects the individual from diverse psychiatric disorders" (236). It "might include mechanisms influencing ego resiliency, growth potential, and the capacity to form intimate relationships" (205). And "it is possible that, for reasons that have not yet been well described, [gender-disturbed boys'] mechanisms for coping with anguish and adversity are unusually effective" (201).

These are huge blank spaces to be left in what purports to be a developmental account of proto-gay children. But given that ego-syntonic consolidation for a boy can come only in the form of masculinity, given that masculinity can be conferred only by men (20), and given that femininity, in a person with a penis, can represent nothing but deficit and disorder, the one explanation that could *never* be broached is that these

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mysterious skills of survival, filiation, and resistance could derive from a secure identification with the resource-richness of a mother. Mothers, indeed, have nothing to contribute to this process of masculine validation, and women are reduced in the light of its urgency to a null set: any involvement in it by a woman is overinvolvement, any protectiveness is overprotectiveness, and, for instance, mothers "proud of their sons' non-violent qualities" are manifesting unmistakable "family pathology" (193).

For both Friedman and Green, then, the first, imperative developmental task of a male child or his parents and caretakers is to get a properly male Core Gender Identity in place, as a basis for further and perhaps more flexible explorations of what it may be to *be* masculine — i.e., for a male person, to be *human*. Friedman is rather equivocal about whether this masculine CGI necessarily entails any particular content, or whether it is an almost purely formal, preconditional differentiation that, once firmly in place, can cover an almost infinite range of behaviors and attitudes. He certainly does not see a necessary connection between masculinity and any scapegoating of male homosexuality; since ego psychology treats the development of male heterosexuality as non-problematical after adolescence, as not involving the suppression of any homosexual or bisexual possibility (263-7), and therefore as completely unimplicated with homosexual panic (178), it seems merely an unfortunate, perhaps rectifiable misunderstanding or accident that for a proto-gay child to identify "masculinely" might involve his identification with his own erasure.

The re-naturalization and enforcement of gender assignment is not the worst news about the new psychiatry of gay acceptance, however. The worst is that it not only fails to offer, but seems conceptually incapable of offering, even the slightest resistance to the wish endemic in the culture surrounding and supporting it: the wish that gay people *not exist*. There are many people in the worlds we inhabit, and these psychiatrists are unmistakably among them, who have a strong interest in the dignified treatment of any gay people who may happen already to exist. But the number of persons or institutions by whom the existence of gay people is treated as a precious desideratum, a needed condition of life, is small. The presiding asymmetry of value assignment between hetero and homo goes unchallenged everywhere: advice on how to help your kids turn out gay, not to mention your students, your parishioners, your therapy clients, or your military subordinates, is less ubiquitous than you might think. On the other hand, the scope of institutions whose programmatic undertaking is to prevent the development of gay people is unimaginably large. There is no major institutionalized discourse that offers a firm resistance to that undertaking: in the US, at any rate, most sites of the state, the military, education, law, penal institutions, the church, medicine, and mass culture

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enforce it all but unquestioningly, and with little hesitation at even the recourse to invasive violence.

These books, and the associated therapeutic strategies and institutions, are not about invasive violence. What they are about is a train of squalid lies. The overarching lie is the lie that they are predicated on anything but the therapists' disavowed desire for a non-gay outcome. Friedman, for instance, speculates wistfully that — with proper therapeutic intervention — the sexual orientation of one gay man whom he describes as quite healthy might conceivably (not have *been changed* but) "have shifted *on its own*" (Friedman's italics): a speculation, he artlessly remarks, "not value-laden with regard to sexual orientation" (212). Green's book, composed largely of interview transcripts, is a tissue of his lies to children about their parents' motives for bringing them in. (It was "not to prevent you from becoming homosexual," he tells one young man who had been subjected to behavior-modification, "it was because you were unhappy" (318); but later on the very same page, he unself-consciously confirms to his trusted reader that "parents of sons who entered therapy were...worried that the cross-gender behavior portended problems with later sexuality.") He encourages predominantly gay young men to "reassure" their parents that they are "bisexual" ("Tell him just enough so he feels better" (207)), and to consider favorably the option of marrying and keeping their wives in the dark about their sexual activities (205). He lies to himself and to us in encouraging patients to lie to him. In a series of interviews with Kyle, for instance, the boy subjected to behavioral therapy, Green reports him as saying that he is unusually withdrawn — "'I suppose I've been overly sensitive when guys look at me or something ever since I can remember, you know, after my mom told me why I have to go to UCLA because they were afraid I'd turn into a homosexual'" (307); as saying that homosexuality

> is pretty bad, and I don't think they should be around to influence children.... I don't think they should be hurt by society or anything like that — especially in New York. You have them who are into leather and stuff like that. I mean, I think that is really sick, and I think that maybe they should be put away (307);

> as saying that he wants to commit violence on men who look at him (307); and as saying that if he had a child like himself, he 'would take him where he would be helped' (317). The very image of serene self-acceptance?

Green's summary:

> Opponents of therapy have argued that intervention underscores the child's 'deviance,' renders him ashamed of who he is, and makes him suppress his 'true self.' Data on psychological tests do not support this contention; nor does the content of clinical interviews. The boys look back favorably on treatment. They would endorse such intervention if they were the father of a 'feminine' boy. Their reason is to reduce

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> childhood conflict and social stigma. Therapy with these boys appeared to accomplish this. (319)

Consistent with this, Green is obscenely eager to convince parents that their hatred and rage at their effeminate sons is really only a desire to protect them from peer-group cruelty — even when the parents name *their own* feelings as hatred and rage (391-2). Even when fully one quarter of parents of gay sons are *so* interested in protecting them from social cruelty that, when the boys fail to change, their parents kick them out on the street. Green is withering about mothers who display any tolerance of their sons' cross-gender behavior (373-5). In fact, his bottom-line identifications as a clinician actually seem to lie with the enforcing peer group: he refers approvingly at one point to "therapy, be it formal (delivered by paid professionals) or informal (delivered by the peer group and the larger society via teasing and sex-role standards)" (388).

Referring blandly on one page to "psychological intervention directed at increasing [effeminate boys'] comfort with being male" (259), Friedman says much more candidly on the next page,

> the rights of parents to oversee the development of children is a long-established principle. Who is to dictate that parents may not try to raise their children in a manner that maximizes the possibility of a heterosexual outcome? (260)

Who indeed — if the members of this profession can't stop seeing the prevention of gay people as an ethical use of their skills?

Even outside of the mental health professions and within more authentically gay-affirmative discourses, the theoretical space for supporting gay development is, as I have pointed out in the Introduction to *Epistemology of the Closet*, narrow. Constructivist arguments have tended to keep hands off the experience of gay and proto-gay kids. For gay and gay-loving people, even though the space of cultural malleability is the only conceivable theatre for our effective politics, every step of this constructivist nature/culture argument holds danger: the danger of the difficulty of intervening in the seemingly natural trajectory from identifying a place of cultural malleability, to inventing an ethical or therapeutic mandate for cultural manipulation, to the overarching, hygienic Western fantasy of a world without any more homosexuals in it.

That's one set of dangers, and it is as against them, I have argued, that essentialist and biologizing understandings of sexual identity accrue a certain gravity. The resistance that seems to be offered by conceptualizing an unalterably *homosexual body*, to the social-engineering momentum apparently built into every one of the human sciences of the west, can reassure profoundly. At the same time, however, in the postmodern era it is becoming increasingly problematical to assume that grounding an identity in biology or "essential nature" is a stable way of insulating it from societal interference. If anything, the *gestalt* of assumptions that under-

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gird nature/nurture debates may be in process of direct reversal. Increasingly it is the conjecture that a particular trait is genetically or biologically based, *not* that it is "only cultural," that seems to trigger an oestrus of manipulative fantasy in the technological institutions of the culture. A relative depressiveness about the efficacy of social-engineering techniques, a high mania about biological control: the Cartesian bipolar psychosis that always underlay the nature/nurture debates has switched its polar assignments without surrendering a bit of its hold over the collective life. And in this unstable context, the dependence on a specified *homosexual body* to offer resistance to any gay-eradicating momentum is tremblingly vulnerable. AIDS, though it is used to proffer every single day to the news-consuming public the crystallized vision of a world after the homosexual, could never by itself bring about such a world. What whets these fantasies more dangerously, because more blandly, is the presentation, often in ostensibly or authentically gay-affirmative contexts, of biologically-based "explanations" for deviant behavior that are absolutely invariably couched in terms of "excess," "deficiency," or "imbalance" — whether in the hormones, in the genetic material, or, as is currently fashionable, in the fetal endocrine environment. If I had ever, in any medium, seen any researcher or popularizer refer even once to any supposed gay-producing circumstance as the *proper* hormone balance, or the *conducive* endocrine environment, for gay generation, I would be less chilled by the breezes of all this technological confidence. As things are, a medicalized dream of the prevention of gay bodies seems to be the less visible, far more respectable underside of the AIDS-fueled public dream of their extirpation.

In this unstable balance of assumptions between nature and culture, at any rate, under the overarching, relatively unchallenged aegis of a culture's desire that gay people *not be*, there is no unthreatened, unthreatening theoretical home for a concept of gay and lesbian origins. What the books I have been discussing, and the institutions to which they are attached, demonstrate is that the wish for the dignified treatment of already-gay people is necessarily destined to turn into either trivializing apologetics or, much worse, a silkily camouflaged complicity in oppression — in the absence of a strong, explicit, *erotically invested* affirmation of many people's felt desire or need that there be gay people in the immediate world.

Notes

This essay was originally written for a "psychoanalysis and homosexuality" panel at the Modern Language Association, December, 1989. Several paragraphs of it are adapted from what became the Introduction to my *Epistemology of the Closet* (Berkeley and Los Angeles: University of California Press, 1990). Jack Cameron pointed me in the direction of these particular texts, Cindy Patton fortified my resistance to them, and Jonathan Goldberg helped me articulate the argument made here. The motivation for this essay, and some of its approaches, are immensely indebted to several other friends, as well — most particularly to conversations over a long period with Michael Moon.

1. This information comes from reports in the *New York Native*: 23 September 1989, pp. 9-10; 13 November 1989, p. 14; 27 November 1989, p. 7.

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2. A particularly illuminating overview of psychoanalytic approaches to male homosexuality is available in Kenneth Lewes, *The Psychoanalytic Theory of Male Homosexuality* (New York: Simon and Schuster, 1988; rept. Penguin/NAL/Meridian, 1989).

3. It is worth noting that the gay men Friedman admires always have completely discretionary control over everyone else's knowledge of their sexuality; no sense that others may have their own intuitions that they are gay; no sense of physical effeminacy; no visible participation in gay (physical, cultural, sartorial) semiotics or community. For many contemporary gay people, such an existence would be impossible; for a great many, it would seem starvingly impoverished in terms of culture, community, and meaning.

4. *Diagnostic and Statistical Manual of Mental Disorders* (Third Edition) (Washington, D.C.: The American Psychiatric Association, 1980), pp. 265-6.

5. The exception to this generalization is Lawrence Mass, whose *Dialogues of the Sexual Revolution*, vol. 1, "Homosexuality and Sexuality" (New York: Harrington Park Press, 1990) collects a decade's worth of interviews with psychiatrists and sex researchers, originally conducted for and published in the gay press. In these often illuminating interviews, a number of Mass's questions are asked under the premise that "American psychiatry is simply engaged in a long, subtle process of reconceptualizing homosexuality as a mental illness with another name — the 'gender identity disorder of childhood'" (p. 214).

6. That relegation may be diminishing as, in many places, "queer" politics come to overlap and/or compete with "gay" politics. Part of what I understand to be the exciting charge of the very word "queer" is that it embraces, instead of repudiating, what have for many people been formative childhood experiences of difference and stigmatization.

7. For descriptions of this literature, see Friedman, pp. 33-48; and Richard Green, *The "Sissy Boy Syndrome" and the Development of Homosexuality* (New Haven: Yale University Press, 1987), pp. 370-90. The most credible of these studies from a gay-affirmative standpoint would be A. P. Bell, M. S. Weinberg, and S. K. Hammersmith, *Sexual Preference: Its Development in Men and Women* (Bloomington: Indiana University Press, 1981), which concludes: "Childhood Gender Nonconformity turned out to be more strongly connected to adult homosexuality than was any other variable in the study" (p. 80).

8. Priding himself on his interdisciplinarity, moreover, he is much taken with recent neuroendocrinological work suggesting that prenatal stress on the mother may affect structuration of the fetal brain in such a way that hormonal cues to the child as late as adolescence may be processed differentially. His treatment of these data as data is not very responsible (e.g., problematical results that point only to "hypothetical differences" in one chapter (p. 24) have been silently upgraded to positive "knowledge" two chapters later (p. 51)); nor is it very impartial (for instance, the conditions hypothesized as conducing to gay development are invariably referred to as *inadequate* androgenization (14), *deficit* (15), etc.). But his infatuation with this model does have two useful effects. First, it seems to generate by direct analogy this further series of two-phase narratives about psychic development, narratives that discriminate between the circumstances under which a particular psychic structure is *organized* and those under which it is *activated*, that may turn out to enable some new sinuosities for other, more gay-embracing and pluralist projects of developmental narration. (This analogical process is made explicit on 241-5.) And second, it goes a long way toward de-totalizing, demystifying, and narrativizing in a recognizable way any reader's sense of the threat (the promise?) presented by a supposed neurobiological vision of the already-gay male body.

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